

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3							53						
4							54						
5							55						
6							56						
7							57						
8	/						58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17	/						67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24	/						74						
25							75						
26							76						
27							77						
28	/						78						
29							79						
30							80						
31							81						
32							82						
33							83						
34	/						84						
35							85						
36							86						
37							87						
38							88						
39							89						
40	/						90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47	/						97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	8					
TOTAL DEP.							TOTAL DEP.	47					
TOTAL CLAIMS							TOTAL CLAIMS	55					